



REVIEWER'S REPORT

DATE OF REVIEW: 03/11/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Office visit of 08/18/09

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Family Practice physician, board certified in Family Practice by the American Board of Family Practice

REVIEW OUTCOME:

"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

I do feel that medical necessity exists for the office visit of 08/18/09.

INFORMATION PROVIDED FOR REVIEW:

Multiple documents including office notes of M.D., P.A., previous adverse determinations, and other various forms

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This female complains of neck and bilateral arm and hand pain that started when at work and a child jumped from the top of the stage onto her and hung from her neck. This occurred on xx/xx/xx, and a cervical spine MRI scan on 11/04/08 showed multilevel disc pathology. She has had physical therapy, pain medications, muscle relaxers, and anti-inflammatory medication. She has had very limited relief and has used Darvocet, Celebrex, and Lyrica. She continues to have pain in her neck and radiating down her arms into her hands. It limits her activities and affects her sleep.

She was seen on 07/15/09 and was given lidocaine patches. She was seen again on 08/18/09 with a history of rash associated with the Lidoderm patches. She was still unable to sleep and was still having symptoms. At that visit her Lyrica was stopped, and she was started on Neurontin.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The 08/18/09 visit was appropriate and medically necessary to recheck after the patient had been seen one month prior on 07/15/09. At this time she was started on lidocaine patches, and it was appropriate to re-evaluate her symptoms one month later. It was notable on 08/18/09, the visit in question, that she did have a rash requiring discontinuation of lidocaine. This required an assessment of what to do next by the physician. This supports the need for the visit. The patient continued to have poor sleep due to her pain. This, too, required evaluation and management by the physician. Lyrica was stopped, and Neurontin was started. This, too, required the elements of an office visit to perform.

The previous adverse determination noted that the 08/18/09 visit was not necessary because the patient had noted she was not interested in injection therapy on 07/15/09. Although this is true, this does not negate the need for a visit one month later because of the items mentioned in the paragraph above.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- ☐ ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- ☐ AHCPR-Agency for Healthcare Research & Quality Guidelines.
- ☐ DWC-Division of Workers' Compensation Policies or Guidelines.
- ☐ European Guidelines for Management of Chronic Low Back Pain.
- ☐ Interqual Criteria.
- ☒ Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- ☐ Mercy Center Consensus Conference Guidelines.
- ☐ Milliman Care Guidelines.
- ☒ ODG-Official Disability Guidelines & Treatment Guidelines.
- ☐ Pressley Reed, The Medical Disability Advisor.
- ☐ Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- ☐ Texas TACADA Guidelines.
- ☐ TMF Screening Criteria Manual.
- ☐ Peer reviewed national accepted medical literature (provide a description).
- ☐ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)